PTO/SB/17 (10-08)
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Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL				Application Nur	Number 10/817,259				
ree			AL	Filing Date		April , 200	4		
	For FY	2009		First Named Inv	ventor	Donald L.	Gadber	ry	
Annlinent ele		C 27 CED	4 27	Examiner Name	e	Erezo, Da	rwin P.		
Applicant cla	ims small entity sta	tus. See 37 CFR	1.27	Art Unit		3773			
TOTAL AMOUNT	OF PAYMENT	(\$) 0		Attorney Docke	t No.	A-3099-AI	L		
METHOD OF P	AYMENT (check	all that apply)							
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 01-2215  Deposit Account Name: Applied Medical Resources									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
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FEE CALCULA	TION								
1. BASIC FILIN	G, SEARCH, AN								
	FILIN	G FEES Small Entity	SEAR	CH FEES Small Entity	EXAN	INATION Small I			
Application T	ype Fee (\$)		Fee (\$)	Fee (\$)	<u>Fee</u>			Fees Paid (\$)	
Utility	330	165	540	270	220	) 110	)		
Design	220	110	100	50	140	70	)		•
Plant	220	110	330	165	170	) 85	5		
Reissue	330	165	540	270	650	325	5		
Provisional	220	110	0	0	(	) (	)		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Each claim over 20 (including Reissues) 52 26									
Each independent claim over 3 (including Reissues)							220	110	
Multiple dep				390	195				
Total Claims				Multiple Dependent Claims					
	0 or ĦP =	x <u>52</u>	=	0		<u>F</u>	<u>ee (\$)</u>	Fee Paid (\$)	
Indep. Claims	3 Extra CI	. •		Paid (\$)				***************************************	
	or HP =	x <u>220</u>		0					
3. APPLICATION	ber of independent cla	irns paid for, if greate	er than 3.						
If the specific	ation and drawing								
						r small ent	tity) for	each additional 50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
		/ 50 =		_ (round <b>up</b> to a	whole nu	ımber) x			_
4. OTHER FEE(S)  Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g.,	late filing surchai	'ge):							
SUBMITTED BY									
Signature	11. VCX			Registration No. (Attorney/Agent)	53,008		Telephor	ne 949-713-8283	
Name (Print/Type) John F. Heal Date (/C/O9									

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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